

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/890888

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
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49						
50						
TOTAL IND.	8		↓		↓	
TOTAL DEP.	28	↓	↓	↓	↓	↓
TOTAL CLAIMS	36	QR	QR	QR	QR	QR

	*		*		*
	IND.	DEP.	IND.	DEP.	
51					
52					
53					
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96					
97					
98					
99					
100					
TOTAL IND.		↓		↓	
TOTAL DEP.		↓		↓	
TOTAL CLAIMS	QR	QR	QR	QR	QR

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS